MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH ony deloy is necessory, pleose exefuneral director. Page 4 should be Reg. Dist. No emation PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY Garrett Garrett o. STATE Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 15 hours Rural, Deer Park, Md. Oakland, Maryland 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS with the registror prior Garrett County Memorial Hospital files. and 3 to the funeral a retained for your files NAME OF 4. DATE Month DECEASED Richard 15 Stabler Browning DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO B. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. 5. SEX Male Months April 17th. WIDOWED [DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)
Gainer warden (hetired)

Maryland 12. CITIZEN OF WHAT COUNTRY? puo U. S. A. after 2, ond pe puo be executed within 24 hours affer in Item 18. Give Poges 1, 2, o 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Richard Thomas Browning Harriett Twigg 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mr. Getty Browning, Raleigh, N. C. olong with form PM3. buriol-tronsit permit. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I, DEATH WAS CAUSED BY: INTRATHORACIC HEMORRHAGE IMMEDIATE CAUSE (a) DUE TO CRUSHED ANTERIOR CHEST WALL FOLLOWING AUTO ACCIDENT 16 hrs Conditions, if ony, which in pencil gove rise to immediate couse DUF TO (o), stoting the underlying couse last. 0 ffice PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY So CATION pending vriting the word "pending lef Medicol Exominer's Of OR: Poge 3 should be used 20g. EXTERNAL CAUSE WAS PRIMARY To OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) In auto accident a out 6:30 P. M. 2-14-59 near Deer Park. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) factory, street, office bldg., etc.) While Not while at work at work Nr. Deer Park. Md. 21. I certify that I took charge of the remains described above, held an Autopsy. T. Inspection [7], Inquiry [7], and find that death resulted from: Natural causes ____, Accident [2], Suicide ____, Homicide ____, Undetermined cause _____ DEPUTY MEDICAL cute the certifical forwarded to the O FUNERAL DIRECTOR CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER removo EXAMINER'S James H. Feaster, Jr., M. D. DEPUTY MEDICAL EXAMINER NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery Oakland, Maryle 220. BURIAL, CREMATION, 22b. DATE THEREOF 0 **ADDRESS** 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Oakland, Md. Cirching S. Frans

e. IS RESIDENCE

YES NO

Year

Hours

INTERVAL BETWEEN

ONSET AND DEATH

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PERFORMED?

DATE SIGNED

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2-15-50

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al director,

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

TO FUNERAL DIREC. After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be defacted for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shout the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death.

VS A15 (4) 1SM 10/S7

CERTIFICATE OF DEATH

Rea. Dist. No

						neg.	D 01. 110.	
o. COU	NTY (MARYLAND	2. USUAL RESIDENCE (W	here deceased live	b. COUNTY	A O O S	lmission)
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	OR TOWN (If outside corp. L and give nearest town)	c.	LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	oulside corporote	limits, write RURAL on	d give nearest	town)
de	ENNIN95	mo	3 DAYS	K-ENN	IN95.	1110		
d. NAM OR II	E OF HOSPITAL (If not in	hospital, give street odd	ress)	d. STREET ADDRESS			0	RESIDENCE IN A FARM? S NO Z
3. NAME (ED	First	Middle	Last	4. DATE OF	Month	Doy	Year
(Type or		Clara	Ellen	Butler Butler	DEATH	FEB	/	195-9
5. SEX FEI	MALE WHI		NEVER MARRIED	8. DATE OF BIRTH	76 9.4	GÉ (In years IF UND ost birthdoy) Months	Days Ho	
10o. USUA	L OCCUPATION (Give kind	d of work done 10b. KIN	ID OF BUSINESS OR INDU	STRY 11. BURTHPLACE (Stote	or foreign countr	y) 12. (CITIZEN OF W	HAT COUNTRY
	most of working life, ever	if retired)	dal 16	GARRE-	75 6	(ns	915	1
778 (13. FATHER	SNAME	100	MOME	14. MOTHER'S MAIDEN	NAME	0	4.00	7
J. TAITIER	1-0	6/12-		Paril 1	- (7		
_	IESSE	00127		MHCHAL	7	LATT.	ER	
15. WAS D (Yes. no. or u	eceased ever IN U. S. Al	RMED FORCES? 16. SO(or dates of service)	CIAL SECURITY NO. 17.	NFORMANT	· 11 .	Address		7/1
F. 17			ONE	re ofloyd D	ellinger) Jens	ungo	ma
18. C	AUSE OF DEATH [Enter o	nly one couse per line fo	or (a), (b), and (c).	110	- 0	110	INTERVA	L BETWEEN
	PART I. DEATH WAS CAL		- bal	Varantes.	Maside	2.4	ONSET A	ND DEATH
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		10 /1. 1.	in a la	J. P. 1.		P	15	
	dilions, if ony, which a	(b) (1)	norciero	ue caracor	accur	i Necesi	2/-	year
	(o), stoting the under-	DUE TO	1 /	12 000	p_		1,5	
	cause lost.	(c) h	eaverer	meun	er		1/3	your
o	PART II. OTHER SIGNIFIC	ANT CONDITIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CO	NOTION GIVEN IN P	ART 1(a) 19. W	AS AUTOPSY RFORMED?
3	Har ka	d both	lower	Kimber am	melele	2 /1957 +1		D NO P
or CC	CCIDENT WAS UNDERLYIND CAUSE OF	OF DEATH	BE HOW INJURY OCCURRE	D. (Enter nature of injury) in	Port I or Part II o	f item 18.)		
	ME OF INJURY Month,		RY OCCURRED 20e. PL	ACE OF INJURY (Home, for	206 (5)			
\subseteq	four a.m.	While	Not while fo	ctory, street, office bldg., et	c.)	own)	(County)	(State)
×	p. m.	19 of work	of work					
21. 1	certify that I often	ded the deceosed	from October	2 , 1957, 10	lanuary	, 1957 ,that	I last sow t	he deceased
alive	on Derunh	4 15 1958	and that death	occurred at 1:36	. /			
	0/11	10/	7	. 00001100 01.3.1.2.2.2		city or town states	lile dule si	DATE SIGNE
ACTUA	IL HELL T	B. Vie	plan	7700	1/	19.66	1 ms	ITA
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	(Type) Herbert	H. Leighton				land, Mary		
ZZO. BURIA	L, CREMATION, 22b. DA' VAL (Specify)	TE THEREOF 2	2c. NAME OF CEMETERY C	R CREMATORY	22d. LOCATION	(City, tawn, or county	4 (Stotel
425 4	1AL 2/	4/5/	WILT	KUR	AL LONA	CONING O	ARRET 7	Tho Min
23. FONERA	AL DIRECTORISISIGNATUR	E/ //	ADDRESS 0	240. REC	D 8Y REGISTRAR	24b. REGISTRAR'S	SIGNATURE	
Non	1 / Lewm	an Han	Bulle 1	20 DATEER	5 '59	arthur S.	trans	
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MEDICAL CERTIFICATION

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1904	CERTIFICA	ATE OF DEATH		01907 Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY arrett	MARYLAND	2. USUAL RESIDENCE (Who STATE Waryland	b. COUNTY	n: Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kitzmiller	c. LENGTH OF STAY IN 16		utside corporote limits, write RU	
d. NAME OF HOSPITAL (If not in hospital, give stre	et oddress)	d. STREET ADDRESS Center St	•	e, IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) MAG	Middle Florence	lost Clark	4. DATE Month OF DEATH February	Doy Yeor 7, 1959
Thomas I a little the		B. DATE OF BIRTH June 22, 188	9. AGE (In years	FUNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
10o. USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired)	b. KIND OF BUSINESS OR INDU Own Home	STRY 11. BIRTHPLACE (Stole of West Virg		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Abe Dawson		Jane Hel		
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? Yes. no or unknown) (If yes, give wor or dates of service)		ohn R. Clark	Addre Kitzmil:	
18. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	line for (o), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
260 X DUE TO Conditions, if ony, which) (b)	Diabeta	nellet	to	Zyans
gove rise to immediate couse (a), stating the under-	12 faring	024 -2-		Sta

no. or unknown)	(If yes, give war or dates of service	(1)	John R.	Clark	Kitzmiller,	Md.
PART I. C	DEATH [Enter only one couse DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	per line for (o), (b), and (c).]	ra_			INTERVAL BETWEEN ONSET AND DEATH I O Nau
Conditions, if gove rise to couse (o), stotic lying couse los	ng the under-	Diebi	to the	Pletus		2 years
PART II, C		ONS CONTRIBUTING TO DEA			EASE CONDITION GIVEN IN PART	
OR CONTRIBUTION	WAS UNDERLYING [] NG [] CAUSE OF DEATH IFY MEDICAL EXAMINER)	D. DESCRIBE HOW INJURY OF	CURRED. (Enter noture	of injury in Port I or	Part II of item 18.)	
20c. TIME OF INJ Hour o. n p. n	n. 10	20d. INJURY OCCURRED While Not while of work 0 of work	factory, street, off	(Home, form, 20f. (ice bldg., etc.)	City or town) (C	ounty) (Stole)

21. I certify that I attended the deceased from _____ 19_57, that I last saw the deceased alive on and that death occurred M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE E. Mance, M. D. Oakland, Md. PHYSICIAN'S NAME (Type)

220. BURIAL, CREMATION, 22b. DATE THEREOF	I.O.O.F. Ceme			City, town, or county)	Va. (Stote)
23. PUNERAL DIRECTOR'S SIGNATURE	ADDRESS akland,	Md.	240. REC'D BY REGISTRAR FEB 1 0 '59	24b. REGISTRAR'S SIGN	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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6715	1905	CERTIFICA	ATE OF DEATH	1	Reg. Dist. No.	Tang
1. PLACE OF DEATH o. COUNTY Garrett	,	MARYLAND	2. USUAL RESIDENCE (WI O. STATE Maryland	here deceased lived. If institut b. COUNT	tion: Residence before 10 gany	re admission)
b. CITY OR TOWN (III RURAL ond give ne Oakland	f outside corporate limits, write orest town)	c. LENGTH OF STAY IN 16	c. city or town (if a	outside corporote limits, write	RURAL ond give ned	
d. NAME OF HOSPIT OF INSTITUTION. CUPPE CT	Al (If not in hospital, give street Nursing Hom		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO 1
3. NAME OF DECEASED (Type or print)	Grace	Middle Edna	Davis	4. DATE Mo OF DEATH Februa		
s. sex Female	6. COLOR OR RACE 7. MARI		B. DATE OF BIRTH NOV. 29, 18	78 9. AGE (In years last birthdoy) yrs	Months Doys	IF UNDER 24 HRS. Hours Min.
HOUSE WOL	ON (Give kind of work done 10b.	KIND OF BUSINESS OR INDU MOME	Maryland		U.S.A	A .
13. FATHER'S NAME Louis				Gleichman		
15. WAS DECEASED EVER	R IN U. S. ARMED FORCES? 16.		nformant ppett Nursi		akland,	Md.
Conditions, if or gove rise to in couse (o), stoling 1 lying couse lost.	mmediate (CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERM	INAL DISEASE CONDITION GI		9. WAS AUTOPSY PERFORMED?
PART II. OTH 20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING 20b. DES CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port I or Port II of item 18.)		YES NO
20c. TIME OF INJURY Hour o. m. p. m.	Y Month, Day, Year 20d. II While of wor	Not while fa	ACE OF INJURY (Home, form coory, street, office bldg., etc	20f. (City or town)	(County)	(Stote)
21. I certify the alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	of lattended the decease 19 19 19 19 19 19 19 19 19 19 19 19 19	Sq., and that death	M.D. 2 saed	M, from the causes ADDRESS (Street, city or lown Land, Md.	and on the day , state)	
220. BURIAL, CREMATION	N, 22b. DATE THEREOF 2/16/1959	22c. NAME OF CEMETERY C	or crematory Methodist C	22d. LOCATION (City, town, em., Cumber	or county)	d. (Stote)
23. FUNERAL DIRECTOR'S	6	ADDRESS I, Maryland			Istrar's SIGNATUR	

al director, TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or ottending physicion.

O FUNERAL DIRECT: After this certificate has been signed by the attending physician and completely filled in by the page 3 should be derached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 share the registrar prior to burial, cremation, or removal, and in any event within 72 fours after death. TO FUNERAL DIRECT
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CEDTIEICATE OF DEATH

1906 CERTIFICA	AIE OF DEATH		Reg. Dist. No.
PLACE OF DEATH o. COUNTY Garrett MARYLAND	2. USUAL RESIDENCE (Where o. STATE West Virg	b. COUNTY.	on: Residence before admission
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		side corporote limits, write R	URAL and give nearest town)
Oakland 7 Days	Davis	81	5 x - 3
d. NAME OF HOSPITAL (If not in hospitat, give street address) OR INSTITUTION	d. STREET ADDRESS		e. IS RESIDE
arrett County Memorial Hospital	Box 216		YES N
NAME OF First Middle DECEASED (Type or print) The ome of		OF DEATH TO DOWN	
THOMAS	Hammond	repru	
Male White WIDOWED DIVORCED	6-24-78	80 yrs.	Months Doys Hours
to. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPLACE (Stole or	foreign country)	12. CITIZEN OF WHAT CO
etired Coal Miner	W. Va.		America
FATHER'S NAME	14. MOTHER'S MAIDEN NA	ME	
Francis Marion Hammond	Iouisa	Cunningham	
WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT BOX	216 Add	ress
	Wife)Stella	McCray Ham	mond, Davis,
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which) (b)	Herris	whangs with help	INTERVAL BETWONSET AND DE
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	Accession Contracted to the terminal	what heffer and disease condition gives	ONSET AND DE PLANT OF THE PERFORM
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18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT 20b. DESCRIBE HOW INJURY OCCURRED While Not while of work of wo	D. (Enter noture of injury in Par ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or town) 20f. (City or town) 19 5 M, from the causes of the course of th	(County) ONSET AND DE PART 1(o) 19. WAS AUT PERFORM YES N
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18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the under- lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT 20b. DESCRIBE HOW INJURY OCCURRED While Not while of work	D. (Enter noture of injury in Portace OF INJURY (Home, form, interp, street, office bldg., etc.) 19.56, to 2/6 accurred all:15A AD M.D. Qaklan R CREMATORY emetery 240, REC. D.E.	20f. (City or town) 20f. (City or town) 19 50 M, from the causes of t	(County) (County) (County) (County)
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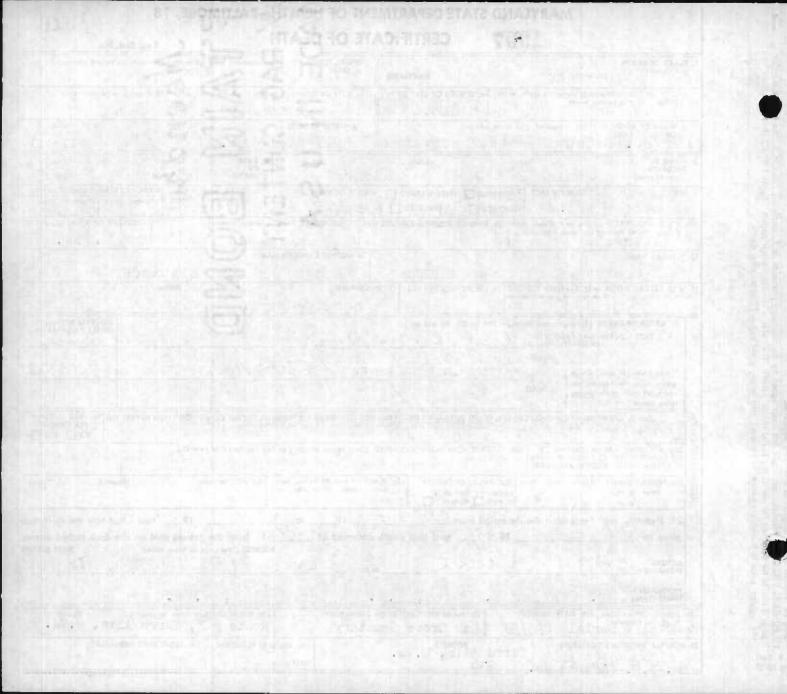
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1907 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Garrett	MARYLAND	2. USUAL RESIDENCE (Where o. STATE West Virg	deceosed lived.	COLINITY	eston	on)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oakland	6 hrs.48 mi	c. CITY OR TOWN (If outside no Terra		ts, write RURAL and	give nearest town)	
d. NAME OF HOSPITAL (If not in hospitol, give street or OR INSTITUTION Garrett County Memoria	ddress)	d. STREET ADDRESS 417 State	e St.		e. IS RESII ON A YES	FARM?
3. NAME OF First (Type or print) Leola	Mae Ki	lost 4.	DATE OF DEATH FE	Month bruary		ear 959
5. SEX 6. COLOR OR RACE 7. MARRIE Widowet		E. DATE OF BIRTH Sarch 5, 1909	9. AGE last b	(In years in the point of the p	Doys Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10USEWIIE	CIND OF BUSINESS OR INDUS		foreign country) Land	12. Ci	U.S.A	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	\E			
Edward	Brenneman	Agnes		Bittinge	er	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S		FORMANT		Address		
(Yes, no. or unknown) (If yes, give wor or dates of service)	A	gnes Brennen	nan			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) LY LY S Conditions, if any, which gove rise to immediate couse (a), stoling the under- lying couse lost. C PART II. OTHER SIGNIFICANT CONDITIONS CO	elval Hum lignout Essec Optributions to death BUT	hal Hykertri	usion)	HON GIVEN IN PAR	ONSET AND	UTOPSY
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED). (Enter noture of injury in Port			YES	
Y 20c. TIME OF INJURY Month, Doy, Year 20d. IN. Hour a. m. 19 While of work	_ Not while _ fac	CE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f. (City or town) (County)	(Stote)
21. I certify that I attended the decease alive on 2 19 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Dr. Charles E.	II., and that death	no Jerra		causes and on to		
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify Burial 2/5/59	22c. NAME OF CEMETERY OF Oak Grove Cem	CREMATORY 22	d. LOCATION (Ci	ty. town, or county) P, Terra A	lta, W.V	
23. FUNERAL DIRECTOR'S SIGNATURE Terra Md. F.D. Ligense No. A 68	Alta, W.Va.	24a. REC'D 8'	Y REGISTRAR	24b. REGISTRAR'S SI	GNATURE	



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VS A15 (4)

15M 10/57

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CERTIFICATE OF DEATH

1908 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY Garrett MARYLAND Marvland Garrett b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL ond give negress lown)
Oakland 13 days Accident d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARIA? Garrett County Memorial Hospital YES NO NAME OF First Middle 4. DATE Lost Month Day Year DECEASED (Type or print) DEATH Elmer Edward Lee 19 59 February 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED K 9. AGE (In years lost birthday) 5. SEX B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours WIDOWED [DIVORCED [male white January yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) student Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Playford Lee Marie F Broadwater 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Playford Lee 18. CAUSE OF DEATH [Enler only one couse per line for (g), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o **DUF TO** Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), sloting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Doy, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o. m Not while at work of work 21. I certify that I attended the deceased from February 23, 1951, to February 7, 1959, that I last saw the deceased , and that death accurred at 3:35 A.M. from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S Dr. Andrew E. Mance. M.D. NAME (Type) 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) MID FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR arthur S. Krous

DATE

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VS A15C 1-55 10M

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy_of this death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01912

CERTIFICATE OF DEATH

	Reg. Dist. No
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
county Garett MARYLAND	STATE Md COUNTY Garett
CITY (If outside corporate limits, write RURAL OR and give neerest town) TOWN Rural Friendsville Life	CITY (It outside corporete limits, write RURAL end give nearest town) OR
TOWN Rural Friendsville Life	TOWN Ruzzl Frieddsvilde STREET (If rural give location)
INSTITUTION OR STREET ADDRESS	/ ADDRESS
3. NAME OF (First) (Middle) DECEASED	(Lest) 4. DATE (Month) (Day) (Year)
	PLE DEATH Feb. 27 19 59
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	F BIRTH 9. AGE lest birthday IF UNDER 1 YEAR IF UNDER 24 HRS. Months Deys Hours Min.
Male White (Specify) Married June	2m 1882 76 yrs.
done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
refired Farmer retired own Farm S	Selbysport, Md. U.S.A.
David Lytle	Matilda Summy
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS Md.
(Yes, no, or unk.) (If Yes, give wer or dates of service)	Mrs. Sarah Bowser.Friendsville
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH
420,0 IMMEDIATE CAUSE (A) CARSIO VAS	culor Failure
ANTECEDENT CAUSE(S) DUE TO CONTROL OF THE REST OF THE	lerotic Heart Disease
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) A 9 1 10 G	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING DEATH.	
19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, 2	Tc. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ic. Where Did industr Occour (City or lown) (County) (Siste)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED Ywhile Not while et work et work	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from May	1958, to Fob, 1959, that I last saw the deceased
	9:00/M, from the causes and on the date stated above.
SIGNATURE	ADDRESS (Street, city, town, stete) DATE SIGNED
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	TRIENSSUILO NA 2/28/59 CREMATORY LOCATION (City, town, or county) (Side)
REMOVAL (SPECIFY)	
BURIAL 2//34 FRIENDS'U	1 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS
MAR 3 '59 Coxlas S. Karris	Non Frauman Austavell. MA

ISRE CERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

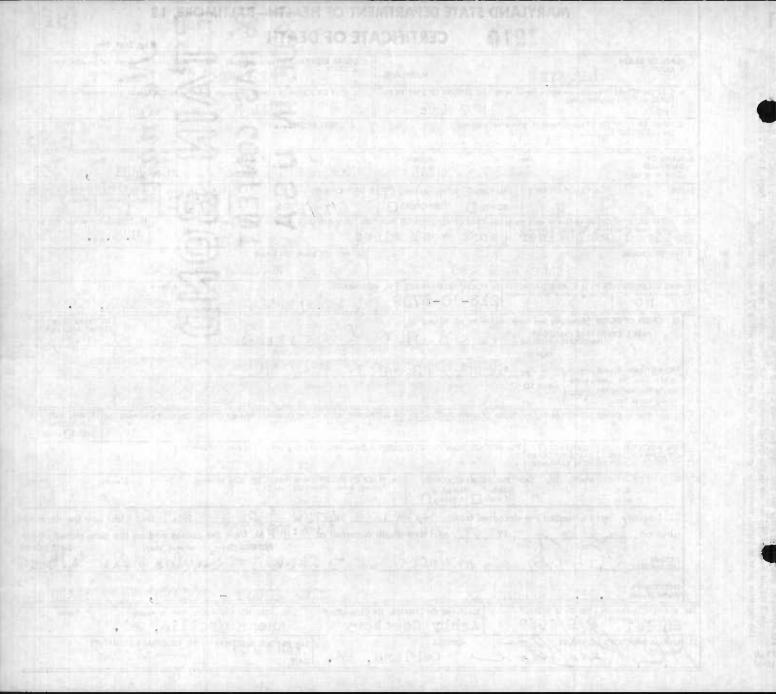
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CERTIFICATE OF DEATH

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	7370	CERTIFICA	AIE OF DEATE	1		Reg. Dis	t. No.	
1. PLACE OF DEATH o. COUNTY	GARRETT	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	ere deceased live	d. If institution b. COUNTY		e before od	mission)
b. CITY OR TOWN (RURAL and give n OAKLAND	(If outside corporate limits, write earest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	outside corporate	limits, write RU	URAL ond g	ive nearest	town)
d. NAME OF HOSPI GARRETT CO	TAL (If not in hospital, give street UNTY MEMORIAL HO	oddress) SPITAL	d. STREET ADDRESS				0	RESIDENCE IN A FARM?
3. NAME OF DECEASED (Type or print)	First CHARLES	Middle EMARAL	MERSING	4. DATE OF DEATH	Mont FE	BRUAR	Y 6,	Yeor 19 59
5. SEX	6. COLOR OR RACE 7. MARR		8. DATE OF BIRTH 6/16/1883	9. A	GE (In years ast birthday) 75 yrs.	-	Days Ho	NDER 24 HRS.
Retired (ON (Give kind of work done 10b. king life even if retired) Oal Miner s	kind of Business or indu oft coal mir		or foreign countr			S.A.	HAT COUNTRY
13. FATHER'S NAME		RSING		DSALIE N	IUSBOUM	ER		
15. WAS DECEASED EVI (Yes, no. or unknown)	Hit was a way was as dates of specient	13-10-3709	(DAUGHTER) AND	NA GRAHA	Addr M		IN, MI).
PART I. DE, H. Q., I Conditions, if c gove rise to i couse (a), stoting lying couse lost.	the under-	non any Hr Hear	UT BLOC	rion)			4.	NO DEATH
САТК	AS UNDERLYING 20b. DESC	CONTRIBUTING TO DEATH BUT				EN IN PART	PE	REPORMED?
20c. TIME OF INJUI Hour o. m. p. m.		Not while fa	ACE OF INJURY (Home, form ctory, street, office bldg., etc.		own)	(C	aunty)	(State)
21. I certify the olive on	apt I oftended the deceose 19	and that death	M.D. 2 Thirdi	M, from the ADDRESS (Street, M. S)	e couses a city or town,	and an the		DATE SIGNE
220. BURIAL, CREMATIC	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY CAShby Cemet	PR CREMATORY	22d. LOCATION		or county)	((Stote)
23. PUNERAL DIRECTOR		ADDRESS Oakland	244. 856.1	9 BY REGISTRAR	24b. REGIS	STRAR'S SIG	NATURE	S. IN

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. **D FUNERAL DIRE**R: After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be secached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 she the registrar priar to burial, cremation, ar remaval, and in any event within 72 haurs after death. TO FUNERAL DIRE VS A15 (4) 15M 10/57



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2	E	0	ď	the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.	
_		75	page 3 shauld be derached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 sha		
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2011				Keg, Dist. No.									
1.	county Ga	rrett		MARYL	AND	1 A STATE	laryla		lived. If instituti b. COUNTY				sion)
	b. CITY OR TOWN (I RURAL and give no	f outside corporate limit	s, write	c. LENGTH OF STAY I	N lb	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						n)	
	Oaklan			63 yrs.		X Oa	kl:no	a					
	d. NAME OF HOSPIT	AL (If not in haspital, gi	ve street	oddress)		d. STREET A	DDRESS						SIDENCE
L	or institution vans Nur	sing Home				Se	cond	Stre	et				NO 1
	NAME OF DECEASED (Type or print)	Anna	1	Este Middle		Miller		4, DATE OF DEATH	Mor		Do		Year 1959
5.	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIE	DÈ	8. DATE OF BIRTI	н	5	. AGE (In years		1 YEAR	IF UND	ER 24 HRS.
	Female	hite	WIDOWE	DIVORCED		11/28/	1873		lost birthday) yrs.	Months	Doys	Hours	Min.
10a	. USUAL OCCUPATIO	ON (Give kind of work d	one 10b.	KIND OF BUSINESS OF	R INDU	STRY 11. BIRTHPL	ACE (Stote of	or foreign cou		12. CI	TIZEN C	OF WHAT	COUNTR
	during most of work	ting life, even if retired)		wn home			thur			US	A		
13	Domestic					14. MOTHER'S	,			0.2	22		
13.		Miller				14. MOTHER S		n Offi	7 + 4				
							Duzal	1 011					
(Ye	, no, or unknown)	R IN U. S. ARMED FORG		SOCIAL SECURITY NO.		NFORMANT	T 0.5		Add				
	no			none	11	nonton	Deii:	inbau	gn Oa	ıklar	ld,	ad.	
CERTIFICATION	Conditions, if o gave rise to income (o), storing lying couse lost. PART II. OTH	mmediate (DUS TO	DITIONS C	Hypertensi	On TH BUT	NOT RELATED TO) THE TERMIN			VEN IN PAR		PERFC	
MEDICAL CI	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yea	While of wor	k ot work	foo	ACE OF INJURY (bldg., etc.				County)		(Stole)
	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	E. I. Baum	2 12.5 LUM gart	ney, M. D.	death	occurred at):00P	M, fram	the causes on the causes of th	and an t	last so	te stat	decease ed abav ATE SIGNE
220	REMOVAL (Specify)	2/15/19	f 59	Oakland		RCREMATORY		0 1 11	ON (City, town,	or county)	arv	(Star	
	funeral director Gerald N	9 7	Oak	ADDRESS				BY REGISTR		STRAR'S SI	GNATU		

HTATORO.	MADRIURS) CERTIFICAM

20c. TIME OF INJURY Hour q. m.

at work of work

o. COUNTY

NAME OF

5. SEX

DECEASED

(Type ar print)

No

21. I certify that I attended the deceased from 2-16

2-23 19 > 7. to

SIGNATURE

and that death accurred at 4: 300 M, from the causes and an the date stated above.

ADDRESS (Street, city or town, state)

22a. BURIAL, CREMATION, 22b. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY

Laurel Hill Cemetery

22d. LOCATION (City, town, or county) Moscow,

(State)

23. FUNERAL DIRECTOR'S SIGNATURE

GEORGE EICHHORN

ADDRESS LONACONING. MD.

24a. REC'D BY REGISTRAR DATE FEB 2 7 '59

24b. REGISTRAR'S SIGNATURE arthur S. Kraus

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY COUNTY MARYLAND STATE (if outside corporete limits, write RURAL and give neerest town) (If outside corporate limits, write RURAL LENGTH OF STAY CITY OR end give meerest town) (in this place) OR TOWN TOWN HOSPITAL OR STREET (If rural giva location) INSTITUTION OR ADDRESS STREET ADDRESS (First) 3. NAME OF (Middle) DATE (Month) (Day) (Yaer) DECEASED OF (Type or Print) DEATH 19 SEX COLOR OR SINGLE, MARRIED DATE OF BIRTH AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS WIDOWED, DIVORCED. Months Days Hours (Specify) . 10e. USUAL OCCUPATION (Give kind of work KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country) CITIZEN OF WHAT done during most of working life, even if OR INDUSTRY COUNTRY? 3 13. EATHER'S NAME WAS DECEASED EVER N U. S. ARMED FORCES INFORMANT & 16. SOCIAL SECURITY NO (If Yas, give war or dates of service) (Yas, no, or unk.) INTERVAL BETWEEN MEDICAL CERTIFIC I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH IMMEDIATE CAUSE (A) DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 2D. AUTOPSY? YES NO 21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21b. PLACE (Homa, farm, factory, 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? While Not while at work et work 5 9 that I last saw the deceased 22. I hereby certify that I attended the deceased from..... .A.M, from the causes and on the date stated above. alive on....., and that death occurred at SIGNATURE ADDRESS (Streat, city, town, state) DATE SIGNED NOSU BURIAL, CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAL (SPECIFY) REC'D BY REGISTRAR REGISTRAR'S SIGNATUR 25. BUNERAL DIRECTOR'S SIGNATURE ADDRESS

COIN CERTIFICATE OF DEATH

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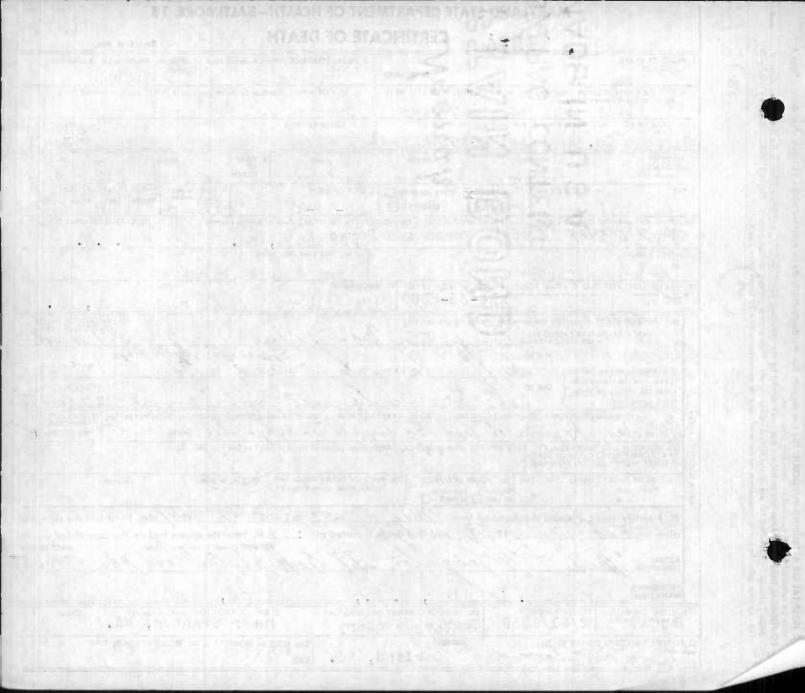
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

SEX LEG				Reg. Dist.	No.
1. PLACE OF DEATH o. COUNTY Garrett	MARYLAND	2. USUAL RESIDENCE (Who, STATE Maryland		institution: Residence booking Garret	
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate limits,		
RURAL and give nearest town) Oakland	7 Davs	X Swanton		Web III	
d. NAME OF HOSPITAL (If not in haspital, give street		d. STREET ADDRESS			e. IS RESIDENCE
Garrett Co. Memorial	Hospital				YES NO
3. NAME OF DECEASED (Type or print) Arthur	Middle Galen	Sweitzer	4. DATE OF DEATH FOR	Month ruarv	Doy Year 18 19 59
5. SEX 6. COLOR OR RACE 7. MARK		8. DATE OF BIRTH	9. AGE (I	n years IF UNDER 1 Y	EAR IF UNDER 24 HRS.
Male White WIDOW		6-11-37	lost bir	thday) Months Day	ys Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDE	100 100	or foreign country)	12. CITIZEI	N OF WHAT COUNTRY
Truck Driver even if retired tate	Forests &	Parkswanton.	MA	II S	S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	0 . 1	J • 11 •
Arthur Sweitzer		Amy Char	clotte Ha	rvev	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.		INFORMANT		Address	
(Yes no or unknown) (It yes, give wor or dates of service)	4-36-6369 W	ife (Alberta	Sweitze	r) Swante	on, Md.
18. CAUSE OF DEATH [Enter only one cause per fin	ne far (a), (b), and (c).]	11 1 - 1	2		NTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ugative.	Heart Faile	re	111	INSET AND DEATH
196.7 DUE TO 0	111	52	socialle.	hoth hours	- 1
Conditions if you which \	There Sarco	wateria - di	W. 1.0, 7	2	Lucas
gave rise to immediate	-0	and the state of t	- Of -	enum	Kunn
lying couse last.	Mergenic.	Largana -	Telt F	muin	21 Marit
, (c)	ONTRIBUTING TO DEATH BU	T-NOT-RELATED-TO-THE-TERMI	NA DISEASE CONDIF	ION GIVEN IN PART TO	119. WAS AUTOPSY
Pathology Reports of	left leg as	eputation +1	Egmental.	lung resect	PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in f	art I ar Part II of item	107	
Haur o. m. While	NJURY OCCURRED 20e. P	LACE OF INJURY (Home, form, actory, street, affice bldg., etc.	20f. (City or tawn)	(Cour	nty) (State)
p. m. 19 at war	k at work		0		
21. I certify that Lattended the deceas	ed from May	1957, to Fa	6-18	1959 that I last	saw the decease
alive on Feb 17, 195	9 and that death	h accurred at 8:25	M from the co	uses and an the	date stated above
1/1/1/1			ADDRESS (Street, city of		DATE SIGNE
SIGNATURE SELECT /2	Teighton	moll Oak	St. Och	clard Ma	. 19 Feb 3
PHYSICIAN'S NAME (Type) Herbert H. Le	ighton, M.	D Oal	cland. Ma	ryland	
BENDY THIS PECIFY) 2/21/1959	22c. NAME OF CEMETERY	or crematory etery	near Swa	nton, Md.	(State)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			b. REGISTRAR'S SIGNA	
The Leighton	Oakland		2 4 59	Cirilian S. 74	ialla



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

My into a

				Keg. Dis	it. No.
1. PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (Who	b	If institution: Residence COUNTY	ce before admission)
b. CITY OR TOWN (If outside carporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF or		its write PUPAL and a	rive secret town)
RURAL and give nearest town)			Mark and College	ins, write KUKAL and 9	give negress rown;
Cakland	12 days	X Cakla	nd		
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION Carrett County Memorial	Mosnital	/ d. STREET ADDRESS	der Stree	+ 6	e. IS RESIDENCE ON A FARM? YES NO
			4. DATE		
3. NAME OF First DECEASED (Type or print) Cona	Middle Idella	Taylor	OF	Month Tehruary	28 Year 1959
5. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGI		1 YEAR IF UNDER 24 HRS.
female white WIDOW	ED DIVORCED J	une 26, 1869	8	yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	ar foreign country)	12. CIT	IZEN OF WHAT COUNTRY
during most of working life, even if retired)		West Vir	าสากรถ		U. S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N			0.000
		TAL MOTHER STATEMENT		h 137 arran	
Amos Jeffervs	to the last of the		Elisabet		
(Yes, no. or unknown) (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17.	INFORMANT		Address	
		rs. 7. R	etheny, T	erra Alta,	Wava.
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) UCONDITIONS, if ony, which gave rise to immediate couse (a), stoling the under- lying cause tost. PART 1. OTHER SIGNIFICANT CONDITIONS	Cerebral Cerebral Orterioses	Varcula levotio la	ania - la ania Va	edont walark	ments Iments Iments Iments Iments Iments
CATIC					PERFORMED? YES NO
	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in r	art i or Part II or i	rem 10.)	
20c. TIME OF INJURY Month, Day, Year 20d. I Hour o. m. 19 While of wor	Not while fo	ACE OF INJURY (Home, farm, clory, street, office bldg., etc.	20f. (City or low	(C	County) (State)
21. I certify that I attended the decear alive on	Leighter	//	ADDRESS (Street, ci	causes and on th	last saw the decease the date stated above DATE SIGNE
220. BURIAL, CREMATION. 22b. DATE THEREOF REMOVAL (Specify) Removal & Burial 3/2/59	Terra Alta Ce		Terra A	Lta, West	/irginia.
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'E	BY REGISTRAR	24b. REGISTRAR'S SIC	GNATURE
P. R. Watson, Terra Alta.	West Virginia	DATE	9 159	artiun S. 1	Kraus

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